

EXHIBIT B

EXHIBIT 2



SUSPENSION REQUEST FORM

Section below to be completed by Shelter Director: Kaedon Grinnell

PROGRAM ADMINISTRATOR'S NAME: Dean Uetake

DATE: 5/9/17

SHELTER NAME: Marsha's House

NAME OF CLIENT TO BE SUSPENDED: Mariah Lopez

CARES ID: [REDACTED]

NAMES AND CARES ID# OF OTHER INDIVIDUALS INVOLVED IN THE INCIDENT:

RA Barkley / QPS Guard Daniele / QPS Guard Cheyenne

DESCRIPTION OF THE INCIDENT (Attach the Incident Report and, if relevant, attach other supporting documentation):

Section below to be completed by Program Administrator:

NUMBER OF SUSPENSION DAYS REQUESTED: 3

CLIENT'S PRIOR SUSPENSION HISTORY IN THE SHELTER SYSTEM: n/a

CLIENT'S SHELTER HISTORY (attach CARES printout) : _____



CLIENT'S SHELTER TRANSFER HISTORY OVER THE PAST YEAR, INCLUDING

REASON FOR THE TRANSFER:

Client was administratively transferred from El Camino Inn to Star Bright Residence - Reason Unknown

MENTAL HEALTH DIAGNOSES:

Client reports Depression, Anxiety and PTSD

MEDICAL ISSUES OR DISABILITIES:

No medical issues known

OTHER PRIOR BEHAVIORAL OR DISCIPLINARY ISSUES:

Client has numerous behavioral issues all documented in CARES Incident Reports.

**REASON FOR SEEKING SUSPENSION (CONSIDER WHETHER ANY ALTERNATIVE
RECOURSE MAY OR MAY NOT BE VIABLE):**

Client regularly disregards the rules of the facility and has ongoing behavioral issues.

ACTION PLAN FOR CLIENT UPON RETURN FROM SUSPENSION:

Staff will continue to engage client regarding adherence to shelter rules and regulations.